

PHM daily briefing of the WHO EB152 Meeting: Day 1 (January 30, 2023)
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Overview

The 152nd EB meeting opened with the Director General's report noting WHO's work during the Covid-19 pandemic, also giving an overview of the setbacks the pandemic has caused. Access to essential services, including large setbacks in uptake of routine childhood immunizations, declined due to health systems prioritizing Covid-19 response measures.

WHO regional reports indicated that **stress and burnout of WHO staff** was a big issue within the organization, and it would be fair to assume that the pandemic contributed significantly to this. Many regions also **endorsed WHO's efforts to address sexual harassment inside the organisation, with AFRO region calling on WHO to prevent and address sexual exploitation in the context of WHO operations**. *AFRO region* also called for WHO to shift from a focus on vertical to integrated care, and to commit to a **people centered approach to primary health care**. Regions also presented updates on progress in adopting and implementing WHO frameworks and initiatives on health equity in persons with disability, alcohol reduction, mental health, cervical cancer and other NCDs, MDR TB and HIV/AIDS.

Geopolitics was in the room too. When taking the floor to respond to the DG's report, many member states (MS) used the opportunity to speak on the Russian-Ukrainian conflict. The *EU and USA, amongst others*, **condemned the Russian "invasion" of Ukraine**, while the Russian Federation condemned MS "unprofessional" comments on the "special operations" in Ukraine. The *Afghani* representative took the floor to condemn his government's discrimination against women and girls and called on the global community to address this fundamental issue as an integral dimension of assistance to the people of Afghanistan. *Haiti* **called for Taiwan to be included in WHO processes**. *China* emphasized that it is working closely with WHO to share sequences of new variants of Covid-19 and to support WHO's work on health emergencies.

In commenting on the DG's report, many MS also used the opportunity to signal the political priorities of newly elected governments and how they differ from their predecessors. *Brazil* declared that "**Brazil is back, Science is back**", ostensibly in reference to the Bolsonaro government's stance on Covid-19. It also announced that it would be introducing a resolution aimed at realising the right to health of indigenous communities. The *USA* **strongly emphasised that it would protect the right to health of the LGBTIQ+ community** (a position *Canada* also endorsed), in contrast to the position this delegation took under the Trump administration.

The first substantive item of discussion was **pandemic preparedness**. In principle, all MS expressed support for improving the global health emergency architecture, but there was **divergence on whether or not the Secretariat's proposals would promote further fragmentation**. In addition, **only a few MS explicitly prioritised equity (e.g. AFRO region) and ensuring respect for cultural diversity and community engagement when designing and implementing managing pandemic response measures (Colombia)**.

Many developing country comments focused on the **need to strengthen health systems as foundational to ensuring a successful pandemic, preparedness and response architecture**. *Afghanistan* warned MS that any redesign of the system should ensure that the MS and health facility level requires more focus: "In practical terms the Chanel or Gucci brand we design at Geneva level, we have to ensure its consumable at the MS and health facility

level... **Our global architecture will only be effective if it responds to what we hear coming out of health facility level and going up from there to global level.”**

Summary of interventions on specific agenda items

- **Opening of the session and adoption of the agenda**

The president opened the EB session, and welcomed the 7 new members of the executive board (Canada, Colombia, Japan, Malaysia, Oman, Peru, Rwanda). Denmark on behalf of the EU asks for the EU delegation to participate as an observer without voting rights to the meeting committees and subcommittees in addressing matters within Europe competence. The president asked MS and NSAs to post longer statements online and focus oral statements on shorter interventions (3 minutes from MS, singular individuals from MS 2 minutes, other NSAs limited to 1 minute).

- **Report by the Director-General Director (to be continued)**

The DG reported on its efforts with respect to the “the 5Ps”, i.e. promoting health, providing health, performing for health, protecting health and power health. He clarified that the 5 Ps are aligned with the Global Program of Work 13 and does not replace the program of work. In their responses to the DG’s report the *EU, UK, Japan, Canada, New Zealand and USA* used the opportunity to condemn Russia for invading Ukraine.

All MS endorsed the need to design a health emergency and response architecture that would decrease fragmentation and improve coordination and equity. However, fewer details were forthcoming in their statements about the common but differentiated obligations they would or should take on to make this a reality. *Botswana, India, Bangladesh, and Tunisia* all emphasized the importance of technology transfer, given that inequitable access to Covid-19 diagnostics, therapeutics and vaccines persist and that mortality due to Covid-19 deaths continues to be a matter of concern. The *Republic of Korea* used the opportunity to emphasize its contributions to technology transfer aimed at increasing local and regional manufacturing capabilities for pandemic response products.

In their responses to the DG’s report a number of MS acknowledged the importance of addressing climate change within their health portfolios, but few details on this were forthcoming. *Syria* called for an end to embargoes and sanctions, as these were negatively impacting health outcomes.

- **Report of the Regional Committees to the EB**

AFRO RD said that Covid19 has made it clear the **need to shift from vertical to integrated service delivery with a focus on people-centered PHC**. On pandemic accord negotiation, he noted that equity, legally binding instruments, financial resources, improvement of local capacity to produce emergency response products were central values emphasized in discussions. **Polio eradication efforts need to be intensified** which included access to clean drinking water and sanitation/hygiene. Concerns had been raised regarding **sexual exploitation and harassment within WHO operations**, and *AFRO* reiterated support for the Secretariat and requested regular updates on this work.

EMRO RD stressed the need to **strengthen UHC, ensure health security**, and put efforts into global funds. More importantly for the Secretariat to ensure proper cooperation by MS and establish a framework for it. They mentioned the need to promote effort with GAVI and Global Fund.

EURO RD supported the Secretariat plans for action to achieve **health equity in persons with disability, on alcohol reduction, and road map towards eliminating cervical cancer as well as MDR TB and HIV/AIDS**. They are excited about the action plans on behavioral and cultural insights and operationalizing digital health and have started collaboration with MS. Responding to Slovakia's comment, they noted that the regional office has found burnout to be an issue. The EURO RD encouraged people suffering from burnout and those coming back to work from it.

SEARO RD appreciated the increased assessed contribution which empowers the organization. They appreciated the efforts to improve WHO's financing model to empower WHO to be a leader in GH architecture but favored a phased approach to increasing assessed contributions. The region favored establishment of the regional emergency council which could consult with MS and work side by side with the GH council. The RD stressed the need to integrate mental health strategy into PHC.

Western Pacific RD reminded that there was still much to do in the region. The region had made advances by endorsing 5 frameworks: NCD, mental health, PHC, Reaching the unreached, and prevention and care for cervical cancer. Responding to Slovakia's statement, the region stressed that there must be some cultural and behavioral change in the workplace to make it more respectful, and there should be new mechanisms to tackle the issue including ombudsman, focus groups, and technical officer to deal with sexual harassment and assess workloads and stress levels.

Report on item 3 was then adopted without objection. The meeting continued to agenda **item 12 Public health emergencies: preparedness and response**. The session opened with showing of a promotional video of emergency preparedness and the work WHO, mentioning that "every dollar invested generates at least \$35 in return on investment". The Chair then opened discussion with questions: What gaps are there requiring further work with Secretariat and MSs? How can the Secretariat better work with member states?

Denmark, on behalf of the EU, reiterated support for strengthening global health architecture & maintained that WHO remains central in leadership.

Ethiopia, on behalf of 47 African MS, would like explanations regarding the global south in governance in general, and Africa representation in the pandemic fund, and the possibility of direct funding to countries. The region would also appreciate a greater focus on external access to health products, technologies and know-how and as such funding and capacity incentives for states to report information to the international community to be further explored. They asked to see implementation of equity rhetoric. But otherwise, welcome the report and look forward to improving global health architecture. The region was concerned with a large reliance on international funding due to limited capacity to mobilize sustainable and predictable resources domestically (*Ghana* later stated the same concern). *Botswana* aligned with this statement.

Canada welcomed the proposal and appreciated that it was guided by the principle of equity inclusivity and coherence. But would like to see further integration of equitable and gender responsive approaches. He mentioned that discussions taking place in New York could link back to Geneva.

China promised cooperation in the global health architecture but reminded that the work requires cooperation between MS to support equity and coherence in these reforms. It must not be hesitant or rushed. Also asked for coordination to avoid duplications of instruments and conflicts between actors (*Maldives* and *Japan* later reiterated the same concern).

Oman stressed the need for equitable provision of vaccines to low and middle income countries. On the global architecture of HEPRR, he asked for a clear framework that prioritized the country's sovereignty.

Peru emphasized solidarity in the international community and supported universal access to measures such as vaccines without any privileges or discrimination in negotiations, including in R&D and technology transfers in the context of emergencies. Stressed the need to strengthen WHO and target LMIC facilitated through multilateralism.

The UK warned not to create other unnecessary structures. It's difficult for countries with limited capacity and there are already multiple mechanisms for risk assessment. One Health agenda is missing and this needs to be worked on.

The USA reiterated that elements in the proposal are still negotiable. For UHPR, rather than having peer-review, he wanted support on the development of a member state to member state process. Asked for coordination with WGIHR and INB for more meaningful proposals (*Paraguay* later stated the same and pointed out the discussion of IHR in the proposal was very limited). Also pointed out that the Secretariat should not get ahead of MS in defining an architecture.

Brazil also asked to link with processes in INB and WGIHR, and that the processes there had been more inclusive and transparent than this one.

Yemen asked not to just focus on increasing/raising funding but also on building capacity, while *Malaysia* supported the expansion of the WHO contingency fund for emergencies.

Japan warned that if a Council is to be established under WHO, reaching consensus among MS will become more challenging unless it's clear what will be discussed and decided by the council, who will prepare material for discussions, and whether it is feasible.

Syria expressed the same concern regarding the Council but expressed interest in the creation of GHE Corps. And then added that the IHR review process should be voluntary.

Colombia reiterated the importance of "Health as a right" and not as a business or a good to be traded. He asked that Ensure forums such as this one interact with other actors, WTO for example. The new architecture should be focused not just on response but also maybe preventing the next pandemic.

Russia thought that the creation of a GHE Council and a GHE Corps was premature. He recommended creating a global register of experts and labs, rapid response teams for use by MS in emergencies, making it possible for all MS to use the help of experts. Also objected to mandatory reviews.

Russia, Denmark, and Norway then brought the invasion of Ukraine back into the discussion and the meeting quickly closed.

- **Appointment of the Regional Director for the Americas**

This item was discussed in a closed meeting to which NSAs did not have access. *Dr. Javaz Barbosa DE SILVA Jr.* was elected as regional director (RD) for the Americas for a period of five years. After documents signing, the meeting continued with **Item 2 Report by the Director-General Director.**